

CLAIMS ONLY

SERIAL NO.

09982660

FILING DATE

10-18-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	3					
TOTAL CLAIMS	20					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date			
							Applicant(s) Timothy J. Lawlor Sr.					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	Ind.						51					
2		1					52					
3		2					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		7					58					
9		1					59					
10		9					60					
11		10					61					
12	Ind.						62					
13		12					63					
14		12					64					
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16		12					66					
17		16					67					
18	Ind.						68					
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48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	17						Total Depend					
Total Claims	20						Total Claims					

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FORM PTO/SB/06